## EXHIBIT C

Case @aste 7351@725.ibec.201	PRE	FOF CLAIM	1998 Poss	<del>q &amp; of 11</del>
Name of Debtor:	Case Nu	Case Number:		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative earising after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503.	expense nt of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address:		statement giving particulars.  Check box if you have	OF CLAIM. THIS I	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT DO IN THE COLLECTION ACCOUNT.
MONIGHETTI, PETE 6515 FRANKIE LANE PRUNEDALE CA 93907		never received any notices from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS.
Condition Talanhara Number (		Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies	es debtor:		COS	
_		Check here repla of if this claim amer	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	_	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes  Money loaned Other (describe briefly)		r digits of your SS #: compensation for services pe	rformed from	<u>.</u>
Moriey loaned Outer (describe briefly)	Unpaid (	compensation for services pe	enormed from:	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(4410)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or	b) your claim	- L	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of	of your claim is	a right of setoff).	t	
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entitled to priority.		Value of Collateral	· · · —	
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:		at time case filed included in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	в) Г	Up to \$2,225* of deposits tow		e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 d		services for personal, family,		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		•
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable par * Amounts are subject to adju	• .	
		with respect to cases comme		date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED:	\$ 1,509	1,963,55 \$		\$ 1,509,96355
Check this box if claim includes interest or other charges in addition to	,	secured) amount of the claim. Attach ite	( priority) emized statement o	(Total) of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been	credited and	deducted for the purpose of r	making this proof	of claim.
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting decounts</u>, contracts, court judgments, mortgages, securi DOCUMENTS. If the documents are not available, explain. If the</li> </ol>	ity agreemen	ts, and evidence of perfection	n of lien. DO NO	
DATE-STAMPED COPY: To receive an acknowledgment or proof of claim.			•	d envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5:00 for each person or entity (including individuals, partnership governmental units).	pm, prevailies, corporation	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	D:	
Attn: USACM Claims Docketing Center P. O. Box 911	Attn: US/	ACM Claims Docketing Cente st Franklin Avenue	er	
El Segundo, CA 90245-0911	El Segun	do, CA 90245		
DATE  StGN and print the name and title, if any, or this claim (attach copy of power of a				

UNITED STATES BANKRUPTCY COURT PROBERIES OF NEVADA	OOF OF CLAIM
Name of Debtor Case N	umber <sup>-</sup>
USA Commercial Mortgage Co. 06	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
Dennis RAGGI	Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
60 Box 10472	BMC Group in this case. SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
Zernya Cove, Wevada 89448-2475	differs from the address on the envelope sent to you by the court
Creditor Telephone Number ( ) 775 901 1357  Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS FOR COURT USE ONLY
	Check here replaces or a previously filed claim dated amends
1 BASIS FOR CLAIM Returee Goods sold Personal injury/wrongful death	benefits as defined in 11 U S C § 1114(a) III Unremitted principal
Services performed Taxes Wages,	salanes and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) Unpaid	compensation for services performed from to
	(date) (date)  COURT JUDGMENT, DATE OBTAINED
60 30 CV	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations.	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is	a nght of setoff)
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other  Value of Collateral \$
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U.S.C. § 507(a)(7)
business, whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)  Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 100 6: 54 \$	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED 10 15 15 15 15 15 15 15 15 15 15 15 15 15	\$\$ 1045124 secured) (priority) (Total)
	secured) (priority) (Total) amount of the claim Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and of	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , si running accounts, contracts, court judgments, mortgages security agreement	uch as promissory notes, purchase orders invoices itemized statements of said evidence of perfection of lien. DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the documents  8 DATE-STAMPED COPY To receive an acknowledgment of the filling of y proof of claim	
The original of this completed proof of claim form must be sent by mail ( ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing	g Pacific time, on November 13, 2006
for each person or entity (including individuals, partnerships, corporatio governmental units)	ns, joinf ventures trusts and
Language was '	OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn USA	CM Claims Docketing Center
	Franklin Avenue FILED JAN 0 8 2007
DATE SIGN and phint the name and title, if any of the creditor of	
this claim (attach copy of power of attorney if any).	24661
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	L USA CMC
, , , , , , , , , , , , , , , , , , ,	1072501878

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PR	OOF OF CLA	AIM		
Name of Debtor	Case Nu	ımber			
USA Commercial Mortgage Co.		-10725-LA	3R		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else filed a proof of claim relyour claim. Attach copy	has lating to		
Name of Creditor and Address  Oermis RAGGI  PO Bex 10475		Check box if you hat never received any notion the bankruptcy cot BMC Group in this case	ave ices urt or	SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number ( ) 775 901 1357	175	Check box if this addiffers from the address envelope sent to you by court	ddress s on the	Bankruptcy Cou	ready filed a proof of claim with the rt or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor				SE 10 1 OK GOOK! GOE ONE!
		Check here Lifthis claim	replace or amend	a previous	ly filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 1	11 U S C	§ 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful death Taxes	-	salanes and compens	sation (fil	l out below)	Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		ompensation for service	ces perf	ormed from	to
2 DATE DEBT WAS INCURRED 3 WWC 2006	3 IF C	OURT JUDGMENT, D	ATE OF	TAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that					the time case filed
See reverse side for important explanations		SECURED CLA			
UNSECURED NONPRIORITY CLAIM \$ 15 9 9 9 Check this box if a) there is no collateral or lien securing your claim or b) yexceeds the value of the property securing it, or if c) none or only part of you entitled to priority	your claim ur claim is	Check this b	iox if you toff)		ared by collateral (including
UNSECURED PRIORITY CLAIM	·····	Brief descrip			
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Esta		Motor Vehicl	e LI Other
Amount entitled to priority \$		Amount of arrear secured claim, if	rage and	other charges	s at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		<u> </u>			
Wages, salaries, or commissions (up to \$10 000)* earned within 180 days		services for personal, fa	amily or	household use -	• ,,,,
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)	닏	Taxes or penalties owe			
Contributions to an employee benefit plan 11 USC § 507(a)(5)	L	Other Specify applical			C § 507(a) ().  nd every 3 years thereafter
COST .		with respect to cases of	ommence	ed on or after the	o date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \15819 \\ AT TIME CASE FILED \$	<b></b>	<u> </u>			\$ 1581934
(unsecured)  Check this box if claim includes interest or other charges in addition to the	-	ecured) amount of the claim Atta		( pnonty) ized statement i	(Total)  of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security as DOCUMENTS If the documents are not available, explain If the documents are not available, explain If the documents are not available, explain If the documents of the proof of claim	nted and de ments, surgreements ocuments	educted for the purpos ch as promissory notes , and evidence of perf are voluminous, attach	se of males purchase	king this proof ase orders inv flien DO NO mary	of claim voices, itemized statements of PT SEND ORIGINAL
The original of this completed proof of claim form must be sent a ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailing	i Pacific time, on Nov	vember	T 13 2006	THIS SPACE FOR COURT USE ONLY
Attr USACM Claims Docketing Center P O Box 911	3MC Grou Attn USA0 1330 Easi	DR OVERNIGHT DELIVE D CM Clarms Docketing ( Franklin Avenue D CA 90245			FILED JAN 0 8 200
DATE SIGN and print the pame and title, if any of the	creditor or		to file		
12-29 2006 this claim tettact copy of power of attorne	y If any)	RAGGI			USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 AND 3571

USA CMC

FORM B10 (Official Form 10) (10/05)							
United States Bankruptcy Court	D	STRIC	T OF	Nevac	la		PROOF OF CLAIM
Name of Debtor	Case	Numb		_			I NOO! O! OLAW!
USA Commercial Mostance Compa	M	06	2-1	<u> 2570</u>	5-LBR		
NOTF This form should not be used to make a claim for an admir	nistrative ex	pense	ละกรากรุ	g after the	commenceme	nt	
of the case A request" for payment of an administrative expense in	nay be filed	pursu	ant to	HUSC	. № 503		
Name of Creditor (The person or other entity to whom the					are that anyone		
debtor owes money or property)	•			•	laim relating to	°	
Dennis Racci, a married man dealing with his Sole & September property		ing pai					
Name and address where notices should be sent					ever received a stey court in th		
Dennis RAGGI	Cas		Om u	C Odnarup	out would in the	110	
PO Box 10475, ZEphya Cous, NV 89448	1 formers				differs from the sent to you by		
Telephone number 775-901-1357		court.		- -		Tr	HIS SPACE IS HOR CORNY USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1 -	eck he: his clai		replaces	A mmananala	filed also	im dated 12-29-06
		ino ciai					
I Rasis for Claim Goods sold		H					S C. § 1114(a) (fill out below)
Services performed		Ц			its of your SS		(ini out ociow)
Money loaned			Unp	aid comp	ensation for s	ervices p	performed
Personal injury/wrongful death Taxes Co. P. 111 \( \Delta \)			fron		**************************************	to	Markanthianannininassan entrititarian anno de terresan anno anno anno anno anno anno anno a
Taxes See Exhibit A					(date)		(date)
2. Date debt was incurred  NOUCMBER 2003	3.	lf c	ourt	judgmen	t, date obtai	ned:	
4 Classification of Claim Check the appropriate box or boxes t	hat best de	scnbe	your -	claum and	state the amo	unt of the	e claum at the time case filed
See reverse side for important explanations				l Claim			
Unsecured Nonpriority Claim \$ 2,442,034 35  Check this box if a) there is no collateral or lien securing yo		X	C	neck this b	oox if voor clai	m is secu	ared by collateral (including
b) your claim exceeds the value of the property securing it or if c)	ur claim, o none or	ar	ight c	of setoff)	,	10 0201	and by working (monding
only part of your claim is entitled to priority		4	Br		ption of Colla		******
Unsecured Priority Claim			X	Real Est	<u>i</u>	or Vehicl	E I
Check this box if you have an unsecured claim all or part of entitled to priority	which is	١		lue of Co		rn Rupi	
Amount entitled to priority \$		sec	ured	or arreara	iny \$ 36,	narges at 8 9 8 2 9	time case filed included in
Specify the priority of the claim	П	Up to	\$2,2	25* of de	posits toward	purchase	, lease, or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	or —	or ser § 507	vices	for perso	nal family, or	househo	old use - 11 U.S C
Wases salaries or commissions (up to \$10 (00) * earned with	ᆢᇩᆜ						nits - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U S C § 507(a)(4)	tor's						USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C. § 507(		mounts with i	are s respec	subject to ct to cases	adjustment on commenced o	4/1/07 ai on or afte	nd every 3 years thereafter or the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	2,44	2,03	43221	442,03435		2,442,034 35
Check this box if claim includes interest or other charges in ad interest or additional charges.	dition to th	(unse e princ	cured) cipal :	amount of	secured) the claim At	(priorit) tach item	y) (Total) nized statement of all
6. Credits: The amount of all payments on this claim has been	credited:	nd dec	lucter	for the r	ournose of	T	normalism Conservation
making this proof of claim						THIS S	PACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents, such	as pro	misso	ry notes,	purchase		
orders invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN	acts, court ID ORIGI	Judgm Vai r	ents,	mortgage IMENTO	s, security		
documents are not available explain. If the documents are volu	minous, at	tach a	sumir	nary			2007
8. Date-Stamped Copy: To receive an acknowledgment of the fi	iling of you	ır claın	n, enc	lose a sta	mped, self-	m	JAN 1 2 2007
Date Sign and print the name and title, if any, of	the produce	r Ar Ass	tar so	rona and	FI	FFD.	)r.,,
I IIIC (Ins claim (attach copy of nower of attach	mey, if any	/)	ici pe	ason auth	011200 10		
1/8/2007							
Wall of the state							USA CMC
Penulty for presenting fraudulent claim. Proc of up to \$500,000 or	unprisonn	ent for	up t	o 5 years,	or both 18 U	<b>'</b>	1072502226

UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROO					
Name of Debtor USA Commercial Mortgage Company	Cas	THOSE OF SEAM			
NOTE. This form should not be used to make a claim for an administrative expense material to the case. A request" for payment of an administrative expense material to the case.					
Name of Creditor (The person or other entity to whom the dubtor owes money or property). Robert L. Ogren, Trustee for the benefit of the Robert L. Ogren Trust dated 6/30/92	el yo	heck box if se has filed our claim ving partic	l a pa Atta ulars		
Name and address where notices should be sent Robert L Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120 Telephone number (702)369-6554	□ no ca	heck box if otices from ise heck box if ldress on the e court.	the	S	
Last four digits of account or other number by which creditor identifies debtor 127	1	heck here this claim	Y	replaces AMESBURY   amends a previously (	HATTERS POINT LOAN filed claim dated 11/26/06
I Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes Gother Goods sold Services performed Money loaned Personal injury/wrongful death		D V	vage ast i Inpa	ee benefits as defined its salaries, and compete four digits of your SS and compensation for second (date)	nsation (fill out below) #ervices performed
2. Date debt was incurred 11/18/02	3	. If cou	rt j	udgment, date obtain	ed
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 913,741 57  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$	which is	Amou secure    Up to \$ or serve \$ \$ 507(a)   Taxes or Other - Amounts or with res \$ 913,74	Che to of Brief Valuation Control Cont	Claim  ck this box if your claim setoff)  cf Description of Collater Real Estate Motour of Collateral \$_L\$  of arrearage and other chaim, if any \$_11,00  5* of deposits toward propersonal, family or malties owed to governmently applicable paragraphyect to adjustment on the cases commenced of the cases cases can be cased the case cases can be cased to the case cases can be cased to the case case cases can be cased to the case case case cases can be cased to the case case case cases can be cased to the case case case case case case case cas	eral  or Vehicle Other  Inknown  Darges at time case filed included in
Check this box if claim includes interest or other charges in additional charges.			al a	(secured) mount of the claim Att	(priority) (Total)
<ol> <li>Credits. The amount of all payments on this claim has been making this proof of claim</li> <li>Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing.</li> <li>Date-Stamped Copy: To receive an acknowledgment of the file.</li> </ol>	ents, suc acts, cou ID ORIC minous,	h as promi rt judgmen JINAL DO attach a su	ssor its, n CU mma	ry notes, purchase nortgages security MENTS If the ary	THIS SPACE IS FOR COURT USE ONLY FILED JAN 1 0 2007
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attor 01/08/2007	he credu	or or other		-	
Tober 1. Oge		TE	ح		USA CMC

				90 : 0: ==
UNITED STATES DANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage	06	5-10725-LBR		
Company  NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
ansing after the commencement of the case. A request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address		statement giving particulars		
Richard Small&Jacqueline Small		Check box if you have		
Trustees of the Small Family Trust		never received any notices from the bankruptcy court or		IS PROOF OF CLAIM FOR A
Richard Small		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NO BTORS
4801 Calle Santa Cruze		Check box if this address differs from the address on the		eady filed a proof of claim with the
Prescott Valley Az 86314 Creditor Telephone Number ( ) Tel #928 759 906	57	envelope sent to you by the court	• •	or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of		Firence		LIOTOR GOORT GOL ONLY
,		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned	Unpaid o	compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED // /8 02	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SEÇURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	your claim	Superior	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	ur claim is	a right of setoff)	aallaterai	
UNSECURED PRIORITY CLAIM		Brief description of		Почь
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority  Amount entitled to priority \$		Value of Collateral		at time case filed included in
Specify the priority of the claim		secured claim if any		1 / 13
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Е	Up to \$2 225* of deposits toward	ard purchase lease	e or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days	_	services for personal family of		• • • • • • • • • • • • • • • • • • • •
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go  Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<b></b>	* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 351, \$67.00\$	3	51, 5 67,568		\$ 381, 567.00
AT TIME CASE FILED (unsecured)	_	secured)	( prionty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred		• •	• .	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a	i <u>ments,</u> su igreement	ich as promissory notes purc s and evidence of perfection	of lien DO NO	olces itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain if the d			<b>J</b>	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	l envelope and copy of this
The onginal of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		0000
	BMC Gro	up ،CM Claims Docketing Cente	EII FN . IA	1 1 0 2007
P O Box 911	1330 Eas	t Franklin Avenue	I ILLU U'	
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the		do CA 90245 r other person authorized to file		
this claim (attach copy of power of attorn		0-		USA OMC
180   Behand	ركلار	mall		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or impresonment	nt for up to	5 years or hoth 18 U.S.C. &&:	152 AND 3571	1072501955

Case  $06_{21}0725_{90}$  Case

United States Bankruptcy Court District of Nevada					PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case I	Yumber (	06-1072	25-LBR	PROOF OF GENIN
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property): David A. Souza & Elizabeth M. Souza, husband and wife, as joint tenants with right of survivorship.  Name and address where notices should be sent: David A. Souza 542 Socorro Court	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the				y i
Reno, NV 89511 Telephone number: 775.852.8995	addr	ess on the court.	e envelop	e sent to you by	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:		k here s claim	√ replace	es <sub>ds</sub> a previously f	iled claim, dated: 11.1.2006
1. Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A		U La	ages, sala ast four di npaid con	uries, and compen igits of your SS #	n 11 U.S.C. § 1114(a) sation (fill out below) : rvices performedto (date)
2. Date debt was incurred: May 2004	3.	If cou	rt judgm	ent, date obtain	ed:
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 515,827.21  Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of we entitled to priority.  Amount entitled to priority \$	which is  or  n 180  or  a)(5).	Amount secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ counts are with resp.	Check this tof setoff Desired Desired Period Claim, in the Cartes of Cartes	s box if your claim  s box if your claim  cription of Collate  state Moto  Collateral: \$_U  arage and other ch  if any: \$_7,730  deposits toward pronal, family, or large  cowed to governa  policable paragrap  to adjustment on a  ses commenced on  515.827.21  (secured)	eral:  r Vehicle  Other  nknown  arges at time case filed included in 1.96  aurchase, lease, or rental of property household use - 11 U.S.C.  mental units - 11 U.S.C. § 507(a)(8).  Sh of 11 U.S.C. § 507(a)().  M/1/07 and every 3 years thereafter in or after the date of adjustment.  515,827.21  (priority)  (Total)
Check this box if claim includes interest or other charges in addinterest or additional charges.  6. Credits: The amount of all payments on this claim has been					ach itemized statement of all THIS SPACE IS FOR COURT USE ONLY
making this proof of claim.  7. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluments are voluments are not available, explain. If the documents are voluments are vol	acts, court j D ORIGIN minous, atti ling of your the creditor mey, if any	udgment IAL DOO ach a sur r claim, e or other ):	ts, mortga CUMEN nmary. enclose a	ages, security TS. If the stamped, self- uthorized to	

ORM B10 (Official Form 10) (10/05)		
UNITED STATES BANKRUPICY COURT	DISTRICT Of Nevada	PROOF OF CLAIM
Name of Debick USA Commercial Mortgage Compan	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense may	be filed pursuant to 11 U.S.C. § 101	
Name of Creditor (The person or other entity to whom the debtor owes money or property) TDS Revacable Family  TRUST DATED 9-29-98	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any	
Name and address where notices should be sent C/OT DWIGH Sper + Bonnie SPER TTEES	notices from the bankruptcy court in this case.  Check box if the address differs from the	
1005 Cypress Ridge LN, LAS Vegas Telephone number NV 89/44-1425	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Client ID No. 2854		I claim dated <u>9-25-06</u>
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SEE EXHIBIT A	Retiree benefits as defined in	ion (fill out below)
DA Other	3. If court judgment, date obtained.	
2. Date debt was incurred MAY 30, 2003		
4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$\( \) LINE 4 of Ex A  Check this box if a) there is no collateral or liten securing you be just of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of ventitled to priority  Amount entitled to priority \$\( \)  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. \( \) 507(a)(i)(A) (a)(1)(B)  Wages, salaries, or commissions (up to \$i0.000),* earned with days before filing of the bankruptcy petition or cessation of the debit business, whichever is earlier - 11 U.S.C. \( \) 507(a)(4)	Secured Claim  Check this box if your claim is a right of setoff)  Brief Description of Collatera  Real Estate Motor Value of Collateral  Amount of arrearage and other chark secured claim, if any \$ \( \times \) NE  Up to \$2,225* of deposits toward pur or services for personal, family, or how \$ 507(a)(7)  Taxes or penalties owed to government of the secured claim, if any \$ \( \times \) NE  Other - Specify applicable paragraph  *Amounts are subject to adjustment on 4/1	s secured by collateral (including  Vehicle Other  KNOWN  ges at time case filed included in  EXA  chase lease, or rental of proper usehold use - 11 U S C  atal units - 11 U S C § 507(a)(6)  of 11 U.S C § 507(a)()
5 Total Amount of Claim at Time Case Filed	LN 4EXA LN4 EXA	LN 4EXA
Check this box if claim includes interest or other charges in ad interest or additional charges.	(unsecured) (secured) (jidition to the principal amount of the claim Attac	priority) (Total) h itemized statement of all
Credits: The amount of all payments on this claim has been making this proof of claim     Supporting Documents: Attach comes of supporting documents:		THIS SPACE IS FOR COURT USE ONE
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements, and evidence of perfection of lien DO NOT SEN documents are not available explain if the documents are volu.  8 Date-Stamped Copy: To receive an acknowledgment of the fladdressed envelope and copy of this proof of claim.	racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the aminous, attach a summary	ED JAN 1 2 200
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto  Penalty for presenting fraudulens claim. Hisle of up to \$500,000 or	the 702-243-5999	USA CMC
- 11 3 and of all to 4000 000 01	·h	

Case 06 10725 gwz Doc 8863 3	2 Ente	orod 0.8/0.7/11 15:00	S:00 Page	10 of 11
, .	PROOF OF CLAIM		vioo i ago	10 01 11
Name of Debtor	Case Nur	mber <sup>.</sup>		
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating		/ OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address.  WINKLER, RUDOLF & CARMEL WINKLER, 7 10000 ROSSBURY PLACE LOS ANGELES CA 90064  WINKLER FAMILY TRUST DTD 3/13/	M.	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU DOF CLAIM THIS IS BORROWER HELD DO NOT FILE THIS SECURED INTERIONE OF THE DEB If you have alres Bankruptcy Court of	O MOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ITORS ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (3) 10 -158-333 9  Last four digits of account or other number by which creditor identifies of	debtor			IS FOR COURT USE ONLY
97		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM  ☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes ☐ Other (describe briefly) ☐ See Exhibit A	Wages, s Last four	enefits as defined in 11 U S alanes, and compensation ( digits of your SS #- compensation for services pe	C § 1114(a) fill out below)	Unremitted principal Other claims against services (not for loan balances) toto(date)
2. DATE DEBT WAS INCURRED 12-16-2002		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 605,31799  Check this box if a) there is no collateral or iien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  5 TOTAL AMOUNT OF CLAIM  AT TIME CASE FILED  Check this box if claim includes interest or other charges in addition to the CREDITS. The amount of all payments on this claim has been cred. SUPPORTING DOCUMENTS. Attach cooles of supporting documents in the documents are not available, explain. If the documents are not available, explain.	your claim pur claim is  (a)  (a)  (b)  (b)  (c)  (c)  (c)  (c)  (c)  (c	SECURED CLAIM  Check this box if you a right of setoff)  Brief description of Market Estate  Value of Collateral  Amount of arrearage ar secured claim, if any  Up to \$2,225° of deposits tower services for personal family of Taxes or penalties owed to go Other - Specify applicable para * Amounts are subject to adjust with respect to cases comment  The Secured)  amount of the claim Attach itelegicated for the purpose of mich as promissory notes purchand evidence of perfection	collateral  Motor Vehicle  Motor Vehicle  LINEM  and other charges  LIP  ard purchase lease or household use -11  vemmental units - 1  agraph of 11 U S C  atment on 4/1/07 and cod on or after the collater  ( priority)  mized statement of  chase orders, invo  of lien DO NOT	Other  at time case filed included in  or rental of property or USC § 507(a)(7)  1 USC § 507(a)(8)  § 507(a) ()  devery 3 years thereafter late of adjustment.  (Total)  all interest or additional charges  f claim  ices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim  The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	t by mail or	r hand delivered (FAXES N	OT er 13. 2006	envelope and copy of this  THIS SPACE FOR COURT  USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BY HAND O BMC Grou Attn USAG 1330 East	OR OVERNIGHT DELIVERY TO ID CM Claims Docketing Cente Franklin Avenue		ED JAN 1 2 2007
El Segundo CA 90245-0911  DATE  SIGN and print the pame and title if any of the this basis distribution copy of power of attorn  I - 1 0 - 2 0 0 7	e creditor or	Unkler FAMILY		USA CMC 
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	<del></del>			

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- 113				
Name of Debtor	Case Nu	ımber		
U S A COMMERCIAL MORTGAGE COMPANY	06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relatin your claim. Attach copy of	ng to	
Name of Creditor and Address		statement giving particulars		
Rudolf Winkler IRA		Check box if you have never received any notices from the bankruptcy court of		IIS PROOF OF CLAIM FOR A
10000 RossBury PL hos Angeles, CA 90064-482	_	BMC Group in this case  Check box if this addre	SECURED INTER	REST IN A BORROWER THAT IS NOT
		differs from the address on envelope sent to you by the court.	the If you have air Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (310 – 518 – 333 Y Last four digits of account or other number by which creditor identifies of	lebtor			CE IS FOR COURT USE ONLY
33 75		if this claim	oplaces or a previously mends	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 L	JSC § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries and compensation of your SS #	on (fill out below)	Other claims against service (not for loan balances)
Money loaned Mother (describe briefly) See Exhibit A	Unpaid o	compensation for services	performed from	to
	To 15 0			(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DAT		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 325900 11 Check this box if a) there is no collateral or lien securing your claim or b)			if your claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)	-	. , ,
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description		
Check this box if you have an unsecured claim all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority		Value of Collate	eral \$ UNKN	IOWN
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage secured claim if any	e and other charges y \$ 4685	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits t	toward purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal famil Taxes or penalties owed to		
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			idjustment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 325,900.11 \$	325,	900.11 \$		\$ 325,900 11
(unsecured)	•	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach	n itemized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available explain.	oreement	s and evidence of perfect	tion of lien DO NO	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXE	S NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals partnerships, or	, prevailin <sub>:</sub> orporatio:	g Pacific time, on Nover ns. ioint ventures, trusts	mber 13, 2006	USE ONLY
governmental units)		OR OVERNIGHT DELIVERY		
BMC Group	BMC Grou	1b		4 9 9007
P O Box 911	1330 East	CM Claims Docketing Ce Franklin Avenue	TIII FI	ED JAN 1 2 2007
El Segundo CA 90245 0911  DATE  SIGN and print the game and title if any of the		other person sutbodied to 6	1	
the claims (attach, copy of power of attoor	py if any)	, /		
(lectification) In	udolt	Winkler IR	A	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to t	years or both 18 U.S.C	§§ 152 AND 3571	1072502278